



# ABN E-NEWS

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**Alabama Board of Nursing**  
770 Washington Avenue  
Suite 250

Montgomery, Alabama 36104

(334) 293-5200

(800) 656-5318

Fax: (334) 293-5201

[www.abn.alabama.gov](http://www.abn.alabama.gov)

**Mailing Address:**

P.O. Box 303900

Montgomery, Alabama 36130-3900

## VDAP Can Offer Nurses a Chance to Address Their Problems Without Receiving Discipline

Bernadette Powe

Director—VDAP

For nearly 25 years, the ABN has administered the Voluntary Disciplinary Alternative Program (VDAP), which offers an alternative to discipline for qualified nurses with substance use disorder or mental or physical conditions that prevent them from meeting the standards of the nursing profession.

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Throughout the history of this program, many nurses entering VDAP have been able to transition back into safe practice and out of the cycle of substance use and/or abuse. Recent statistics indicate that VDAP participants are successful more than 80% of the time. This tracks closely with a 2011 publication from the National Council of State Boards of Nursing (NCSBN), which reports that 80 to 90 percent of those health care practitioners who seek treatment and enroll in a monitoring program are successful in recovery.

The Board has instituted an online process for eligible nurses to apply for VDAP, allowing them to protect their license status, while getting the professional help they need to overcome disease or disability. Initial application requires the nurse to provide accurate answers to a few straightforward eligibility questions. Based on an evaluation of this questionnaire and follow-up conversations with the licensee, the VDAP staff will make a determination whether admission to the program is appropriate.

If you or a nurse you know struggles with a substance use disorder or a physical or mental impairment, we encourage you to explore the VDAP program at <https://www.abn.alabama.gov/vdap/>.



**Voluntary  
Disciplinary  
Alternative  
Program**

## **Coming Soon: New Advisory Councils on Advanced Practice Nursing**

Peggy Sellers Benson, RN, MSHA, MSN, NE-BC  
Executive Officer

At the July 2017 Board meeting, the ABN voted to approve two new Advisory Councils on advanced practice nursing. These councils will provide input to the Board on emerging issues facing the four roles of AP nurses.

In the interest of focusing the work of the Councils on issues of common concern, the Board determined that the best path forward is to establish separate groups for the two roles of advanced practice nurses that engage in collaborative practice—Certified Registered Nurse Practitioners (CRNPs) and Certified Nurse Midwives (CNMs) and the two roles that do not—Certified Registered Nurse Anesthetists (CRNAs) and Clinical Nurse Specialists (CNSs). We believe that this division will especially benefit the collaborative practice nurses, who face a complex regulatory structure largely guided by decisions of the Joint Committee for Advanced Practice Nursing.

Meanwhile, the CRNAs and CNSs are faced with their own challenges, especially barriers to practice appropriate to their education and training. Isolating collaborative practice issues from the scope of the CRNA/CNS Advisory Council will allow that group to concentrate on scope of practice and other policy proposals that affect only these two roles of nurse.

The Board staff has developed a survey process to identify participants for the two Advisory Councils, so keep an eye on your email, as that is our most direct and reliable way of reaching our licensees.

### **AP Corner**

#### **A Review of CRNP Scope of Practice**

**Dawn B. Daniel, MSN, RN**  
**Director—Advanced Practice**

As new graduates transition into the advanced practice workforce, it is time to take a few moments and review scope of practice for CRNPs based on specialty certification.

ABN Administrative Code Section 610-X-5-.03(1)(d) states that each CRNP must have and maintain “current certification as a certified registered nurse practitioner granted by a national certifying agency recognized by the Board of Nursing in the clinical specialty consistent with educational preparation and appropriate to the area of practice.” Only through formal education and clinical training can a CRNP achieve national certification in a given specialty, each of which includes a population focus (e.g., Adult-Gerontology, Pediatrics, Family).

Distinctions between scopes of practice for CRNPs are closely tied to each specialty certification. For example, by virtue of formal education, clinical training, and national certification, Family Nurse Practitioners (FNPs) are certified to treat patients of either sex across the lifespan, while certification in Adult-Gerontology allows the CRNP to treat patients of either sex, but only from adolescence (depending on the specific certification achieved from the certifying board) through adulthood.

In consultation with national certifying agencies, the ABN staff has confirmed that only formal education qualifies a CRNP to certify for treatment of patients in an additional population-focused area of practice. On the job/in-house training with a physician does not increase the CRNP’s scope of practice and/or allow them to treat patient populations for which they do not hold certification and could leave both the CRNP and facility legally at risk.

If you have any questions relating to your specific certification, you should refer to the certification handbook from your certifying agency.



### Online Resources for Alabama Nurses

LaDonna Patton, MSN, RN, CEN  
Director—ANRC

The ABN is constantly striving to improve and refine its processes to ensure that nurses have access to the latest information necessary to perform safe patient care. In that spirit, we recently developed a [Scope of Practice Decision Making Model](#) and made revisions to [My Profile](#). You may access the Scope of Practice Decision Making Model in the Resources for Nursing Practice section on the [Alabama Nursing Resource Center \(ANRC\)](#) page of the ABN website. You will be able to see the model in action in an upcoming continuing education (CE) course.

Speaking of CE, recent changes to [My Profile](#) include the opportunity to earn CE directly from your [My Profile](#) page. Gone are the days where nurses had to log into each course individually, then log into [My Profile](#) to see the credit on their Individual CE Records. If you haven't yet logged into [My Profile](#) to see the changes or earn CE, now is the time. Recent course additions include:

- Documentation: A Case Study (0.7 contact hours)
- Mandatory Class (4 contact hours)
- Understanding Competency (1 contact hour)
- Coming soon: Social Media, Scope of Practice – Basic & Expanded (Standardized Procedures)

More FREE CE courses are on the way, so please check back periodically for course additions. Nurses may notice that the course delivery format has changed, as well. Courses are now more interactive than ever, with learning activities and clickable links to the ABN website or other external resources to enhance the learning process.

The ABN welcomes your feedback. Upon course completion, a link to a survey appears and we hope you'll take the opportunity to tell us how we're doing. All responses to surveys are anonymous.

Additionally, we are continuously adding links to free courses from other providers, including recent NCSBN offerings:

- Understanding Substance Use Disorder
- Nurse Manager Guidelines for Substance Use Disorder

Another welcome addition to [My Profile](#) is the ability to print or electronically save an **official** copy (with ABN seal) of the Individual CE Record, if needed as proof of CE earned through an ABN-approved CE provider who has submitted CE electronically. Finally, the revisions to [My Profile](#) allow licensees to take care of many licensing matters, including the submission of renewal or other pertinent applications, as well as name and address changes, including supporting documentation for name changes through electronic upload at the time of the change.

## **Licensee Survey To Be Conducted in August**

LaDonna M. Patton, MSN, RN, CEN

During the month of August, the Board is conducting a survey of all licensed nurses via Survey Monkey, as we seek feedback from Alabama nurses to determine areas of need for outreach and education. The survey will be distributed by email and should help us further our mission of public protection. When you receive this very brief survey, please take a few moments to complete it.

### ***Leadership in Focus***

#### **Check Out the New Complaint Evaluation Tool**

Peggy Sellers Benson, RN, MSHA, MSN, NE-BC

The ABN Standards of Practice require the licensed nurse to accept individual responsibility and accountability for timely reporting of illegal, substandard, unethical, unsafe, or incompetent nursing practice directly to the Board. However, the rules are not intended to compel nurses to report every nursing error. In an effort to assist licensees and leaders in making decisions about when to report incidents to the Board for investigation, the staff has developed a helpful [Complaint Evaluation Tool](#) (CET), which is located in the CNO/DON/Employer section of the Board website, [www.abn.alabama.gov](http://www.abn.alabama.gov).

The tool uses an easy to follow grid system that allows the user to rate each incident using five criteria, represented by the acronym "GUIDE":

**G**eneral Nursing Practice

**U**nderstanding/level of experience

**I**nternal policies/LIP orders

**D**ecision/choice

**E**thics/credibility/accountability

Each criterion is scored on a scale from 0-6, with Level 0 representing human error, Levels 1-3 standing for relative degrees of at risk behavior, and Levels 4 and 5 representing reckless behavior. Once all criteria have been rated, the user totals the score and makes a determination about whether the incident should be reported to the Board, whether it is an event subject to a mandatory reporting requirement, or whether it could be solved without the Board's involvement.

It should be noted that the form is not mandatory and that anyone is welcome to report potential violations to the Board at any time. We simply wanted to make our licensees aware that is available as a resource.

We would like to thank NCSBN and the Oregon State Board of Nursing for allowing us to use their CET Tool as a model in the development of our own.